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## FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

			0	ffice Use Only
1. NAME OF COMMITTEE (in full) USE FEC MAIL OR TYPE OR F		mple:If typing, type r the lines		
Friends of Farr				
1555.0	M. II. O. iv. 1405			
ADDRESS (number and street) 555 Capitol	Mall, Suite 1425			
Check if different than previously reported. (ACC)	) <sub>                   </sub>		[CA]	95814
2. FEC IDENTIFICATION NUMBER 🔻	CITY 🛕		STATE.	ZIP CODE 🛋
C00290429	3. IS THIS REPORT	X NEW (N) OR	AMENDE (A)	STATE V DISTRICT
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (YE)  Termination Report (TER)	Election on	Primary (12P)  Convention (12C)  1 1 0 7  T-Election Report for the General (30G)	X General (120 Special (128 2 0 0 6	in the CA State of
5. Covering Period 1 0 0 1	2006	through 1	0 18	2006
I certify that I have examined this Report and to the  Type or Print Name of Treasurer  Sidney	best of my knowledge  Slade	and belief it is true, cor	rect and complete.	
Signature of Treasurer Electronically Filed by	Sidney Slade		Date 1 0	2006
NOTE : Submission of false, erroneous, or incomp	lete information may su	ıbject the person signin	g this Report to the pe	nalties of 2 U.S.C 437g.
Office Use Only				FEC FORM 3 (Revised 02/2003)